

# **REPRODUCTIVE HEALTH BENEFITS SURVEY**

**A Report by the Washington State  
Office of the Insurance Commissioner**

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# OFFICE OF THE INSURANCE COMMISSIONER

## REPRODUCTIVE HEALTH BENEFITS SURVEY

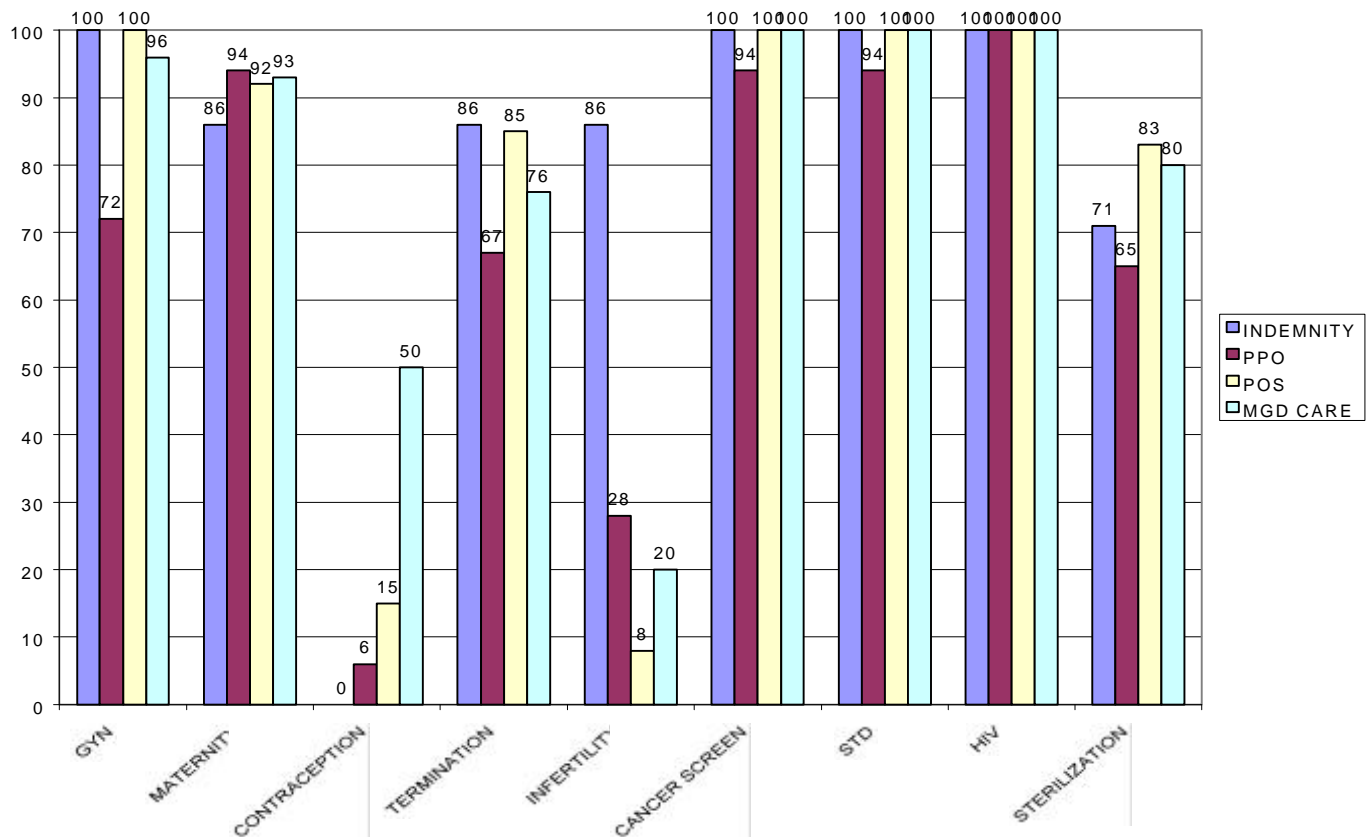
### EXECUTIVE SUMMARY

September 1998

The Office of the Insurance Commissioner (OIC) conducted a survey in June 1998 to determine the level of reproductive health benefit coverage in health insurance plans marketed in Washington. To the extent that insurance promotes access, insurance coverage may help promote important public health goals such as preventing unintended pregnancies or sexually transmitted diseases (STDs).

The health services most often of concern to sexually active women and men in Washington appear to be available through at least some of the sampled carriers' best selling plans. However, the survey identified a wide range in market offerings of these services.

**Figure 1: Percent of Washington Plans Covering All Core Services**



As Figure 1 shows, there are wide variations in core coverage by plan type. The most striking finding is the degree to which coverage for contraception and family planning services, devices, and medications lags behind other health service coverage. While coverage for gynecologic, maternity, reproductive cancer screening, STD, and human immunodeficiency virus (HIV) services are nearly universal, only three out of four plans cover sterilization and pregnancy termination services, and coverage for infertility services is much less.

Coverage of prenatal care for teen dependents of enrollees is inconsistent among plans. In addition, several important questions regarding compliance with some laws that promote access were identified, including coverage for newborns of dependents.

In general, in Washington State the ‘gatekeeper’ managed care plans tend to have the highest rates of coverage for reproductive health services, while PPO plans have the lowest rates of coverage.

## Survey Background and Findings

The OIC developed a survey based on complaints received in the Consumer Division from January 1, 1996 to October 31, 1997, and from consumer questions about reproductive health coverage. Survey categories included:

• routine gynecological care	• reproductive cancer screening
• maternity services	• sexually transmitted diseases
• contraception and family planning	• HIV/AIDS
• pregnancy termination	• sterilization
• infertility	• confidentiality of health information

A representative sample of sixteen insurance carriers participated in the survey.<sup>a</sup> Carriers were asked to provide information about their five best-selling group plans, and their two best-selling individual plans.

A total of 91 plans<sup>b</sup> are reported:

- 48% large group (n = 44)
- 26% individual (n = 24)
- 16% small and large group (n = 15)
- 9% small group (n = 8)

Plans by carrier license:

- 66% health care service contractors
- 28% health maintenance organizations
- 6% insurance companies marketing indemnity products

<sup>a</sup> **Aetna US HealthCare Inc.** (includes former New York Life Insurance Company), **Premiera Blue Cross** (previously named Blue Cross of Washington and Alaska; includes former Medical Service Corporation), **Community Health Plan of Washington**, **First Choice Health Plan**, **Group Health Cooperative** (previously named Group Health Cooperative of Puget Sound; includes former Group Health Northwest), **John Alden Life Insurance Company**, **Kitsap Physicians Service**, **Pacificare of Washington, Inc.**, **Providence Health Care** (previously named Providence Health Care/The Good Health Plan of Washington; includes former Sisters of Providence Good Health Plan of Oregon), **Qual Med Health Plan**, **Regence Blue Shield** (previously named Regence Washington Health), **Northwest Washington Medical Bureau** (previously named Skagit County Medical Bureau).

<sup>b</sup> Not every plan addressed every survey section.

These plans represent:

- 1,399,650 enrollees (48% male, 52% female)<sup>a</sup> = one in four Washington State residents, or nearly half of those “covered lives” with employer-based<sup>b</sup>, government-sponsored, or individual health insurance.

Plan types (organizational structure):

- Primary care ‘gatekeeper’ or HMO-type of managed care<sup>c</sup> (54% of plans, 70% of enrollees)
- Preferred provider / PPO<sup>d</sup> (22% of plans, 17% of enrollees)
- Point-of-service / POS<sup>e</sup> (16% of plans, 9% of enrollees)
- Indemnity<sup>f</sup> (8% of plans, 4% of enrollees)

The following **data are reported as a combined figure** that includes whether the service is covered routinely (“yes”, without restrictions) and/or covered with restrictions.<sup>g</sup> The term “coverage” therefore refers to coverage of any kind. Estimates of the numbers of females and males most likely to utilize specific services were derived using weighted averages from Washington State census data. Coverage is reported for every individual service in each section, as well as for a grouped set of services defined as “core” services.<sup>h</sup>

### Routine Gynecological Care

**Service definition:** Annual exam, cancer screening (Pap smear, clinical breast exam, mammography), chlamydia screening, and sexual health counseling.

**Key findings:**

- ◆ Annual exam, Pap smears, chlamydia screening, clinical breast exam = 72% - 100% coverage by plan type
- ◆ Mammography = 100%
- ◆ Counseling = 78% - 100%

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<sup>a</sup> This number excludes an additional 20,339 spouses and 122,793 dependents who were listed by some plans. However, not every plan was able to provide this breakout so only enrollees are reported.

<sup>b</sup> Excludes employer self-funded (ERISA) plans.

<sup>c</sup> In these plans enrollees must use a Primary Care Provider (PCP) for specialty referrals, using contracted providers. Coverage/coinsurance levels are usually based on whether provider is in network; in some plans if out-of-network provider is used there is no coverage.

<sup>d</sup> A “PPO” is a health care arrangement that provides enrollees incentives (such as lower deductibles and copays) to use providers within the network. Enrollees may use non-preferred providers but at a higher cost.

<sup>e</sup> “POS” plans encourage, but do not require, enrollees to choose a primary care provider; plan members may opt to visit non-network providers but must pay higher deductibles and copays than for using network clinicians.

<sup>f</sup> “Indemnity” plans traditionally reimburse the policyholder for health care costs incurred.

<sup>g</sup> Specific restrictions (such as monetary limits, age guidelines, etc.) are discussed in the full report.

<sup>h</sup> Definition of “core” services is based on national guidelines (US Preventive Health Services Task Force recommendations, unless otherwise specified), and refers to those services for which there is most consensus among professional groups as well as surveyed carrier responses that indicated the usual practice or common standard of care. This may not be the optimum or most comprehensive package of services in all cases.

Core service coverage (Pap smear, chlamydia screening, mammography, clinical breast exam, and annual exam):

- ◆ 8 out of 12 carriers cover these core gynecologic services in all of their surveyed plans
- ◆ 92% of total surveyed plans:
  - 72% of PPO plans
  - 96% of ‘gatekeeper’ plans
  - 100% of indemnity and POS plans
- ◆ 584,952 total female enrollees:
  - of whom an estimated 254,980 are ages 15 – 44 = 81% of all hypothetically eligible<sup>a</sup> females have all core services
  - 28% of eligible females in PPO, 91% in ‘gatekeeper’, 100% in POS, and 100% in indemnity plans)

**92% of plans and 81% of eligible enrollees have “core” gynecologic coverage**

## Maternity Services

**Service definition:** Preconception counseling and screening, diagnosis of congenital disorders of the fetus, prenatal care, delivery in hospital, home, or birth unit settings, postpartum care, and well baby services.

**Key findings:**

- ◆ Preconception counseling: 29% - 82% coverage by plan type
- ◆ Home delivery: 54% - 100%
- ◆ Delivery at a birth unit: 84% - 100%
- ◆ Coverage of the infant for the first 21 days of life as required by the ERIN Act (RCW 48.43.115): 0% - 75% (51% of all plans)
- ◆ Prenatal care for teen dependents: 14% - 62%

Core service coverage (prenatal testing and care, hospital delivery, postpartum and newborn care):

- ◆ 9 out of 12 carriers cover these core maternity services in all of their surveyed plans
- ◆ 93% of total plans:
  - 86% of indemnity plans
  - 92% of POS plans
  - 93% of ‘gatekeeper’ plans
  - 94% of PPO plans
- ◆ 522,705 total females enrollees:
  - of whom an estimated 227,847 are ages 15 – 44 = 76% of all hypothetically eligible females have all core services
  - 64% of eligible females in POS, 67% in ‘gatekeeper’, 68% in PPO, and 100% in indemnity plans

**93% of plans and 76% of eligible enrollees have “core” maternity coverage**

<sup>a</sup> Some females and males obviously are not eligible for specific services due to their age or risk factors. Since information was not uniformly available on enrollees by gender, age, or risk category, weighted averages using census data were applied to ensure that the estimates represent the age distribution in Washington State (see Methodology in full report).

## Contraception and Family Planning

**Service definition:** Contraceptive counseling, over-the-counter (OTC) contraception, intrauterine devices (IUDs), insertion, and removal, diaphragm and cervical cap devices and fitting, Norplant device, insertion, and removal, Depo-Provera injections, oral contraceptive pills, and emergency contraception.

**Key findings:**

- ◆ Half (50%) the plans cover contraceptive services in some form
- ◆ Fewer than one in three (30%) plans cover the five FDA-approved reversible methods of contraception – IUD, diaphragm, Norplant, Depo Provera, and oral contraceptives – that are used exclusively by women
- ◆ Only two plans cover over-the-counter contraceptive devices such as condoms and spermicides
- ◆ IUDs and diaphragms: 0% - 70% coverage by plan type
- ◆ Hormonal implants (Norplant): 0% - 52%
- ◆ Hormonal injections (Depo-Provera): 0% - 62%
- ◆ Oral contraceptives: 0 - 92%
- ◆ Emergency (post-coital) contraception: 0% - 41%

Core services coverage (IUDs, diaphragm, Norplant devices, Depo-Provera injections, and oral contraceptive pills):

- ◆ Only one carrier covers these core contraception services in all of their surveyed plans
- ◆ 30% of total plans:
  - zero indemnity plans
  - 6% of PPO
  - 15% of POS
  - 50% of ‘gatekeeper’ plans
- ◆ 148,587 female enrollees:
  - of whom an estimated 64,769 are ages 15 – 44 = 22% of all hypothetically eligible females have all core services
  - 0% of eligible women in indemnity plans, 1% in POS, 3% in PPO, and 29% in ‘gatekeeper’ plans

**30% of plans and 22% of eligible enrollees have “core” contraceptive coverage**

## Pregnancy Termination

**Service definition:** Elective and medically necessary termination of pregnancy.

**Key findings:**

- ◆ All plans cover medically necessary procedures
- ◆ 67% to 86% of plans also cover elective procedures
- ◆ Most plans allow employers to exclude this benefit from their employee offerings, and also allow individual providers to opt out of performing this service, in accordance with state law

Core services coverage (elective and medically necessary termination):

- ◆ 6 out of 12 carriers cover these core pregnancy termination services in all of their surveyed plans
- ◆ 77% of total plans:
  - 67% of PPO plans
  - 76% of ‘gatekeeper’ plans
  - 85% of POS plans
  - 86% of indemnity plans
- ◆ 325,692 total female enrollees:
  - of whom an estimated 141,969 are ages 15 – 44 = 45% of all hypothetically eligible females have both core services
  - 14% of eligible females in POS, 33% in ‘gatekeeper’, 48% in PPO, and 100% in indemnity plans

**77% of plans and 45% of eligible enrollees have “core” pregnancy termination coverage**

## Infertility

**Service definition:** Infertility diagnosis and treatment, specifically endometrial biopsy, endometriosis treatment, semen analysis, assisted reproductive technologies, and fertility drugs.

**Key findings:**

- ◆ All plans exclude the *routine* treatment of infertility
- ◆ 5 carriers provide *restricted* coverage for infertility treatment
- ◆ Some carriers cover treatment of specific conditions (such as endometriosis), but only for the medical condition rather than to reverse infertility

Core service coverage (infertility diagnosis and treatment):

- ◆ 2 out of 12 carriers cover both these core infertility services in all of their surveyed plans
- ◆ 25% of all plans:
  - 8% of POS plans
  - 20% of ‘gatekeeper’ plans
  - 28% of PPO plans
  - 86% of indemnity plans.
- ◆ 16,580 total female and male enrollees:
  - of whom an estimated 7,388 are ages 15 – 44 = 1.2% of all hypothetically eligible females and males have both core services
  - 0.3% of eligible females and males in PPO, 0.5% in POS, 0.8% in ‘gatekeeper’, and 15% in indemnity plans

**25% of plans and 1% of eligible enrollees have “core” infertility coverage**

## Reproductive Cancer Screening

**Service definition:** Prostate, testicular, cervical, and ovarian cancer screening,<sup>a</sup> breast cancer mastectomy, breast cancer lumpectomy, breast reconstruction, and post-operative physical therapy rehabilitation.

<sup>a</sup> Breast cancer screening was addressed in the Gynecological Services section.



***Key findings:***

- ◆ Prostate, testicular, cervical, and ovarian cancer screening: 94% - 100% coverage by plan type
- ◆ Breast cancer mastectomy, lumpectomy, and breast reconstruction: 100%
- ◆ Post-operative physical therapy rehabilitative care: 93%

Core services coverage (prostate, testicular, cervical, and ovarian cancer screening):

- ◆ 11 out of 12 carriers cover these core reproductive cancer screening services in all of their surveyed plans
- ◆ 99% of total plans:
  - 94% of PPO plans
  - 100% of ‘gatekeeper’, indemnity, and POS plans
- ◆ 1,318,373 total male and female enrollees
  - of whom an estimated 1,021,858 are 15 years or older = 95% of all hypothetically eligible males and females have all core services
  - 71% of eligible individuals in PPO, and 100% in ‘gatekeeper’, POS, and indemnity plans

**99% of plans and 95% of eligible enrollees have “core” cancer screening coverage**

## **Sexually Transmitted Diseases**

***Service definition:*** Sexual health history taking, sexual health counseling, sexually transmitted disease (STD) screening, diagnosis, and treatment.

***Key findings:***

- ◆ Most plans routinely cover STD screening, some do so on a restricted basis
- ◆ Counseling: 29% - 100% coverage by plan type

Core service coverage (STD screening, diagnosis, and treatment):

- ◆ 11 out of 12 carriers cover these core STD services in all of their surveyed plans
- ◆ 99% of total plans:
  - 94% of PPO plans
  - 100% of ‘gatekeeper’, indemnity, and POS plans.
- ◆ 1,318,373 total male and female enrollees
  - of whom an estimated 1,021,858 are 15 years or older = 95% of all hypothetically eligible males and females have all core services
  - 71% of eligible individuals in PPO plans and 100% in ‘gatekeeper’, POS, and indemnity plans

**99% of plans and 95% of eligible enrollees have “core” STD coverage**

## **HIV/AIDS**

***Service definition:*** HIV counseling, testing, and treatment including the use of protease inhibitor combination therapies.

**Key findings:**

- ◆ HIV counseling and testing: 100% coverage by plan type
- ◆ HIV treatment: 100%
- ◆ Protease inhibitors: 95%

**100% of plans and 100% of eligible enrollees have “core” HIV coverage**

**Core services coverage (HIV counseling and testing, and treatment):**

- ◆ All 12 carriers cover these core HIV services in all of their surveyed plans
- ◆ 100% of total plans:
  - 100% of all plan types
- ◆ 1,388,373 total male and female enrollees
  - of whom an estimated 1,076,114 are 15 years or older = 100% of all hypothetically eligible males and females have all core services
  - 100% of eligible individuals in ‘gatekeeper’, POS, PPO, and indemnity plans

## Sterilization

**Service definition:** Vasectomy, laparoscopic and vaginal/abdominal tubal ligation, hysterectomy, and counseling.

**Key findings:**

- ◆ Twelve plans follow age restriction guidelines, such as that a patient must be 21 years of age

**Core services coverage (vasectomy, laparoscopic/vaginal/abdominal tubal ligation, hysterectomy):**

- ◆ 6 out of 12 carriers cover these core sterilization services in all of their surveyed plans
- ◆ 76% of total plans:
  - 65% of PPO plans
  - 71% of indemnity plans
  - 80% of ‘gatekeeper’ plans
  - 83% of POS plans
- ◆ 867,343 total male and female enrollees
  - of whom an estimated 386,479 are ages 15 – 44 = 63% of all hypothetically eligible males and females have all core services
  - 43% of eligible individuals in POS, 55% in ‘gatekeeper’, 97% in indemnity plans, and 98% in PPO plans

**76% of plans and 63% of eligible enrollees have “core” sterilization coverage**

## Direct Access

Most carriers report that they are in compliance with the law mandating that women can self-refer without having to go through a primary care provider (PCP) or other 'gatekeeper'. However, the extent of carrier efforts to inform their female enrollees of this right in accordance with WAC 284-43-100(4) is unknown.<sup>a</sup>

<sup>a</sup> Despite carrier self-report of compliance, the OIC continues to receive complaints from both consumers and providers

## Confidentiality of Sensitive Health Information

Most carriers do not report having specific policies and procedures in place governing the collection, use, and disclosure of health information related to provision of reproductive and sexual health services to minors and victims of domestic violence. In these and other sensitive situations, it would violate a patient's right to privacy if information about the kind of care given were disclosed to the patient's parents or spouses. In some instances, such revelations may violate state laws, and may lead to patient harm.

Only two carriers have such policies specifically spelled out, though almost all other carriers surveyed indicate that they are considering developing such policies.

## National Comparison

National data regarding private-sector insurance coverage of a range of reproductive health benefits are available in a survey conducted by the Alan Guttmacher Institute in 1996.<sup>a</sup> While some parameters may not be directly comparable due to changes in the market over the last several years, these data do provide a benchmark by which to assess Washington State health insurance performance (see Table 1).

Insurance coverage of reproductive health benefits in Washington State is generally less than the national average, being higher for 21% of service parameters (n=18), but lower for 75% (n=63).

## Conclusions

While a high percentage of health *plans* cover many of the reproductive health services essential to women and men, the percentage of *individuals* who actually receive coverage for these core services is lower. Some plans with relatively large enrollment provide inadequate coverage of these services. As many as one in five potentially eligible women with insurance do *not* receive core coverage for routine gynecological care. One in four women do not have core maternity coverage. Four in five women have no core coverage for contraceptives. One in two women are not covered for pregnancy termination. One in three women and men do not have coverage for sterilization. Finally, no health plan provides routine coverage for infertility treatment.

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regarding issues related to approval of specific reproductive and ancillary services.

<sup>a</sup> Units of comparison between the AGI and the OIC study are considered equivalent. AGI compared indemnity plans with different levels of enrollment, as well as PPO, POS, and HMO-type plans; these correspond to the OIC survey's indemnity, PPO, POS, and 'gatekeeper' managed care plans.

**Table 1: Percentage of Plans Covering Reproductive Services,<sup>a</sup> US & Washington**

	INDEMNITY US (%)	INDEMNITY WA (%)	PPO US (%)	PPO WA (%)	POS US (%)	POS WA (%)	HMO US (%)	M/C WA (%)
<b>GYNECOLOGY</b>								
Annual Exam	47	100	69	72	90	100	100	96
Pap	75	100	86	72	95	100	100	96
Chlamydia	78	100	84	72	100	100	100	96
Mammogram	84	100	90	100	95	100	100	100
<b>MATERNITY</b>								
Obstetrical Care	96	86	99	94	95	92	99	100
<b>CONTRACEPTION</b>								
IUD Insertion	25	0	25	6	46	62	86	70
Diaphragm Fitting	21	0	23	6	46	46	81	68
Norplant Insertion	26	0	29	6	54	38	61	52
Norplant Removal	36	0	38	11	58	46	65	52
Depo-Provera	40	0	42	6	74	62	80	59
Diaphragm Device	15	0	17	6	32	38	52	70
IUD Device	17	0	21	6	32	62	47	70
Norplant Device	24	0	27	6	47	31	46	52
Oral Contraceptives	41	0	48	11	62	92	86	84
<b>STERILIZATION</b>								
Tubal Ligation	90	86	90	88	97	83	93	84
Vasectomy	89	86	90	88	95	83	93	84
<b>TERMINATION</b>								
Average availability	89	86	87	67	87	85	90	76
<b>INFERTILITY</b>								
Endom. Biopsy	80	86	79	50	80	77	94	51
Semen Analysis	64	14	60	44	71	46	95	27
IVF	17	0	17	0	19	0	24	0
Medication	46	14	45	28	50	8	76	24

<sup>a</sup> Coverage is on a routine or restricted basis.

<b>Table of Contents</b>
--------------------------

Introduction .....	1
Routine Gynecological Care .....	7
Maternity Services.....	11
Contraception and Family Planning .....	16
Termination of Pregnancy .....	21
Infertility.....	24
Reproductive Cancer Screening .....	28
Sexually Transmitted Diseases .....	31
HIV/AIDS.....	34
Sterilization .....	36
Health Insurer Privacy Policies .....	39
Conclusions .....	41
Appendix: Survey Tool .....	43
Resources/References.....	48